03/24/2009 20:27 Image# 29933396158

STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	N	
			Office use only
NAME OF COMMITTEE (in	(Check if name Exa is changed) over	mple: If typying, type r the lines	12FE4M5
EMPLOYEES	DF NORTHROP GRUMMAN CORPORAT	ION PAC	
ADDRESS (number and	3699 WILSHIRE BLVD., #12	9 0 	
(Check if address			
X is changed)	LOS ANGELES	шшш	CA 90010 - 1
	CITY	•	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail add	ress)	
(Check if address is changed)	gary@politicallaw.com		
is an angul,			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address			
is changed)	1		
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C COO	0088591	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge a	nd belief it is true, correct and	d complete
Type or Print Name of	Treasurer CARY DAVIDSON		
Type of Tillit Name of			
Signature of Treasurer	Electronically Filed by CARY DAVIDSON	<u>\</u>	Date 03 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SH	,	
Office		For further information co	ontact:
Use Only		Federal Election Commissi Toll Free 800-424-9530	

	F	FEC F	Form 1 (Revised 02/2009)	Page 2				
5.			OMMITTEE (Check One) Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	he candidate				
	Name Candi							
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Comm						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Action Committee (PAC):							
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
			X Corporation Corporation w/o Capital Stock La	bor Organization				
			Membership Organization Trade Association Co	poperative				
			χ In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint F	Fundra	ising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser					
			1. FEC ID number					
			2. FEC ID number					
			3. FEC ID number					
			. FEC ID number C					

Treasurer

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Write or Type Commi	·			-		
EMPLOYEES	OF NORTH	ROP GRUMMAN CORPORATION PAC				
6. Name of Any Co	nnected Orga	nization, Affiliated Committee, Joint Fundrais	ing Representative, or Leader	ship PAC Sponsor		
NORTHROP G	RUMMAN C	ORPORATION				
Mailing Address		1840 CENTURY PARK EAST				
		LOS ANGELES	CA	90067 _		
		CITY	STATE ▲	ZIP CODE		
Relationship: X Connected C	Organization	Affiliated Committee Joint Fur	ndraising Representative	Leadership PAC Sponsor		
Full Name Mailing Address	2600 WILSHIDE BLVD #1200					
		LOS ANGELES	CA	90010 _		
Title or Position ▼	,	CITY A	STATE A	ZIP CODE A		
	Custodian	of Records T	elephone number213	6246200		
name and add	ress of any	nd address (phone number optional) of t designated agent (e.g., assistant treasurer)		tee; and the		
of Treasurer	OAIT E	3699 WILSHIRE BLVD., #1290				
Mailing Address		0000 TILOTHIL DETDI, # 1200				
		LOS ANGELES	CA	90010		
Title or Position	,	CITY A	STATE.▲	ZIP CODE A		

6200

213

Telephone number

624

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	Full Name of Designated Agent	None			
	Mailing Address				
	Title or Position ▼	CITY A		STATE 🛦	ZIP CODE A
			. Telephone num	oer –	
9.	Banks or Other I	Depositories: List all banks or other deposes or maintains funds.	itories in which the committee c	leposits funds, holds ac	ecounts, rents
	Name of Bank, De	epository, etc.			
		BANK OF AMERICA	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	
	Mailing Address	600 WILSHIRE BLVD., #	#100 		
		LOS ANGELES		ÇA	90071
		CITY	4	STATE 4	ZIP CODE 🛕
	Name of Bank, De	epository, etc.			
	Mailing Address				
		CITY	4	STATE △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	e deposits funds, h	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
Į			
	CITY 🗻	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repres	sentative, or Lead	[ADDITIONAL] ership PAC Sponsor
Mailing Address	4101 WASHINGTON AVE., BLDG. 520-3		
	NEWPORT NEWS	VA	23607
Relationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repres	sentative Le	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
		. <u>—</u>	
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	